

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Frantz Germain et al.      EXAMINER: Ramon M. Barrera  
SERIAL NO.: 10/690,776      GROUP ART: 2832  
FILED: October 22, 2008      DATED: September 10, 2008  
FOR: **CIRCUIT INTERRUPTING DEVICE AND SYSTEM UTILIZING  
BRIDGE CONTACT MECHANISM AND RESET LOCKOUT**

Mail Stop: RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:

|  | (Col. 1)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (Col. 2)<br>PREVIOUSLY<br>PAID FOR | (Col. 3)<br>HIGHEST NO.<br>PRESENT<br>EXTRA | SMALL ENTITY<br>ADDIT.<br>RATE FEE | OR       | OTHER THAN<br>SMALL ENTITY<br>ADDIT.<br>RATE FEE |
|--|---|------------------------------------|---|------------------------------------|----------|--|
| TOTAL  | 84  | MINUS 91                           | = 0   | X 25 \$                            | X 50     | \$ 0.00  |
| INDEP.   | 6   | MINUS 8                            | = 0   | X 105 \$                           | X 210    | \$ 0.00  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |                                    |   | X 185 \$                           | X 370    | \$ 0.00  |
|  |   |                                    |   | TOTAL                              | OR TOTAL | \$ 0.00  |
|  |   |                                    |   | <b><u>ADDIT. FEE</u></b>           |          | <b><u>\$ 0.00</u></b>                            |

\* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

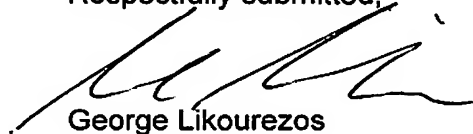
[X] No additional fee required.

☐ Please charge Deposit Account No. 50-2140 in the amount of \$ . Two (2) copies of this sheet are enclosed.

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor.

Respectfully submitted,



George Likourezos  
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